2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Aug 31, 2005 08:00 AM Secretary of State DOCUMENT # L99000002371 1. Entity Name SZULUK FAMILY I, L.C. Principal Place of Business Mailing Address 41 LOST BEACH LANE VERO BEACH FL 32963 41 LOST BEACH LANE VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 2nd MOORE CR2E083 (5/05) City & State City & State 4. FEI Number Applied For 65-0913743 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SZULUK, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 41 LOST BEACH LANE VERO BEACH FL 32963 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicabilities (NOTE Registered Agent signature required when reinstating) ĎAŤÍ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. THE MGR Delete TITI F ☐ Change Addition NAME SZULUK, CHARLES W NAME STREET ADDRESS 41 LOST BEACH LANE SURFEI ADDRESS CITY-ST-7IP VERO BEACH FL 32963 CITY-ST-7IP TITLE Delete me ☐ Change Addition NAME NeWs STREET ADDRESS STREET ADDRESS U00000377434 08/31/05-80001-008 50.00 CRY-ST-ZIP HY.ST-7P THEE ☐ Delele unt ☐ Change Addition NAME 1,510 STREET ADDRESS : TREET ADDRESS City-ST-ZiP CHTY-ST-ZIP MLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS SIMEET ADDRESS City-St.7tP 511 Y-ST-ZIP HILE ☐ Delete TITLE Change Addillon NAME NAME STREET ADDRESS STREET ADDRESS CHY-SL-7IP CITY-ST AP Unf ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED